

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
CORPUS CHRISTI DIVISION**

In re:  SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC. D/B/A MIRADOR  Debtor. <sup>1</sup>	§ § § § § § § § §	CASE NO: 19-20063 CHAPTER 11     DAVID R. JONES
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**GLOBAL NOTES, METHODOLOGY AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTOR’S SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

**Introduction**

On February 8, 2019 (the “*Petition Date*”), SQLC Senior Living Center at Corpus Christi, Inc. D/B/A Mirador (“*Mirador*”), debtor-in-possession in the above-captioned chapter 11 case (“*Debtor*,”) filed voluntary petitions for relief under Chapter 11 of Title 11 of the United States Code (the “*Bankruptcy Code*”).

Pursuant to the requirements of Bankruptcy Code Section 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “*Bankruptcy Rules*”), the Debtor, with the assistance of its advisors, has filed its respective Schedules of Assets and Liabilities (the “*Schedules*”) and Statements of Financial Affairs (the “*Statements*”) with the United States Bankruptcy Court for the Southern District of Texas (the “*Bankruptcy Court*”).

Mr. Louis Robichaux is the Chief Restructuring Officer of the Debtor and has signed each of the Schedules and Statements. In reviewing and signing the Schedules and Statements, Mr. Robichaux has relied upon the efforts, statements and representations of various personnel employed by the Debtor. Mr. Robichaux has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statements, including statements and representations concerning amounts owed to creditors.

These *Global Notes, Methodology and Specific Disclosures Regarding the Debtor’s Schedules of Assets and Liabilities and Statements of Financial Affairs* (the “*Global Notes*”) pertain to, are incorporated by reference in and comprise an integral part of each of the Debtor’s Schedules and Statements. The Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“*GAAP*”), nor

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<sup>1</sup> The Debtor in this chapter 11 case, along with the last four digits of the Debtor’s federal tax identification number, as applicable, is: SQLC Senior Living Center at Corpus Christi, Inc. D/B/A Mirador (8912).

are they intended to be fully reconciled with the financial statements of each Debtor. Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment and reflect the Debtor's commercially reasonable best efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtor relied upon financial data derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised or subsequent information, may cause a material change to the Schedules and Statements. Thus, the Debtor is unable to warrant or represent the Schedules and Statements are without inadvertent errors, omissions or inaccuracies. Accordingly, the Debtor reserves all of its rights to amend, supplement or otherwise modify the Schedules and Statements as is necessary and appropriate. Notwithstanding the foregoing, the Debtor shall not be required to update, amend or supplement the Schedules and Statements, but reserve the right to do so.

### **Global Notes and Overview of Methodology**

**Reservation of Rights.** Nothing contained in the Schedules and Statements shall constitute a waiver of the Debtor's rights or an admission with respect to its chapter 11 cases, including, without limitation, any issues involving substantive consolidation, equitable subordination, offsets or defenses and/or causes of action arising under, *inter alia*, the provisions of Chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws.

**Description of Cases.** On the Petition Date, the Debtor filed voluntary petitions for relief pursuant to Chapter 11 of the Bankruptcy Code. The Debtor is operating its business and managing its property as debtor-in-possession pursuant to Bankruptcy Code Sections 1107(a) and 1108. No trustee or examiner has been requested in these chapter 11 cases.

**Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome and an inefficient use of estate assets for the Debtor to obtain current market valuations for all of its assets. Accordingly, unless otherwise indicated, the Debtor's Schedules and Statements reflect net book values as of December 31, 2018. Market values of these assets may vary, at some times materially, from the net book value of such assets. Additionally, because the book values of assets such as patents, trademarks and copyrights may materially differ from their fair market values, they are listed as undetermined amounts as of the Petition Date. Furthermore, assets which have fully depreciated or were expensed for accounting purposes do not appear in these Schedules and Statements as they have no net book value.

**Personal Property – Leased.** In the ordinary course of business, the Debtor may lease furniture, fixtures, and office equipment from certain third-party lessors for use in the daily operation of its business. Nothing in the Schedules and Statements is or shall be construed as an admission regarding any determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all of its rights with respect to any such issue.

**Recharacterization.** Notwithstanding the Debtor's commercially reasonable best efforts to properly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statements, the Debtor may

nevertheless have improperly characterized, classified, categorized, designated or omitted certain items. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, recategorize, redesignate, add or delete items reported in the Schedules and Statements at a later time as is necessary and appropriate, as additional information becomes available.

**Liabilities.** The Debtor allocated liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change. Accordingly, the Debtor reserves all of its rights to amend, supplement or otherwise modify the Schedules and Statements as is necessary and appropriate as they determine in its sole and absolute discretion.

The liabilities listed on the Schedules do not reflect any analysis of claims pursuant to Bankruptcy Code Section 503(b)(9). Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted claims under Bankruptcy Code Section 503(b)(9) or the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

**Insiders.** For purposes of the Schedules and Statements, the Debtor defines "insiders" pursuant to section 101(31) of the Bankruptcy Code to include the following: (a) directors; (b) officers; (c) shareholders holding in excess of 5% of the voting shares of one of the Debtor entities (whether directly or indirectly); (d) relatives of directors, officers or shareholders of the Debtor (to the extent known by the Debtor); (e) persons in control; and (f) Debtor/non-Debtor affiliates.

Persons listed as "insiders" have been included for informational purposes only. The Debtor does not take any position with respect to: (a) such person's influence over the control of the Debtor; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law, including the federal securities laws, or with respect to any theories of liability or for any other purpose.

**Intellectual Property Rights.** Debtor does not possess nor ever possessed any Intellectual Property rights

**Classifications.** Listing a claim on (a) Schedule D as "secured," (b) Schedule E/F as "priority," (c) Schedule E/F as "unsecured" or (d) listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor's right to recharacterize or reclassify such claims or contracts or leases or to setoff of such claims.

**Claims Description.** Schedules D and E/F permit the Debtor to designate a claim as "disputed," "contingent" and/or "unliquidated." Any failure to designate a claim on a given Debtor's Schedules as "disputed," "contingent" or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent" or "unliquidated," or that such claim is not subject to objection. The Debtor reserves all of its rights to dispute, or assert offsets or defenses to, any claim reflected on its respective Schedules and Statements on any grounds, including liability or classification. Additionally, the Debtor expressly reserves all of its rights to subsequently designate such claims as "disputed," "contingent" or "unliquidated." Moreover, listing a claim does

not constitute an admission of liability by the Debtor.

**Causes of Action.** Despite reasonable efforts, the Debtor may not have identified and/or set forth all of its (filed or potential) causes of action against third parties as assets in its Schedules and Statements. The Debtor reserves all of its rights with respect to any causes of action against third parties and nothing in the Global Notes or the Schedules and Statements shall be deemed a waiver of any such causes of action which are expressly reserved.

**Resident Addresses.** Employee addresses have been removed from entries listed on Schedules E/F and G. These addresses are available upon request of the Office of the United States Trustee and the Bankruptcy Court.

**Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

- a. **Undetermined Amounts.** The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. **Paid Claims.** The Debtor has authority to pay certain outstanding prepetition payables pursuant to various Bankruptcy Court orders (the “*Prepetition Payment Orders*”). Accordingly, certain outstanding liabilities may have been reduced by post-petition payments made on account of prepetition liabilities. In most instances, as applicable, the Debtor has omitted listing those prepetition liabilities which have been fully satisfied prior to the filing of these Schedules or reduced the remaining liability to reflect payments described herein. To the extent the Debtor pays any of the liabilities listed in the Schedules pursuant to the Prepetition Payment Orders, the Debtor reserves all of its rights to amend or supplement the Schedules or take other action as is necessary and appropriate to avoid overpayment of or duplicate payments for any such liabilities.
- d. **Excluded Assets and Liabilities.** The Debtor has excluded certain accrued liabilities, including accrued salaries and employee benefits and tax accruals from the Schedules. Certain other immaterial assets and liabilities may also have been excluded.
- e. **Liens.** Property, inventory and equipment listed in the Schedules may be presented without consideration of any liens that may attach (or have attached) to such property

and equipment.

- f. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

**Setoffs**. The Debtor incurs certain setoffs and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, warranties, and other disputes between the Debtor and its patients and/or suppliers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtor's industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are excluded from the Schedules. Notwithstanding the foregoing, the Debtor has not reviewed the validity of the aforementioned setoff rights and hereby reserves all rights to challenge such setoff rights.

**Global Notes Control**. In the event that the Schedules and Statements differ from the foregoing Global Notes, the Global Notes shall control.

### **Specific Disclosures with Respect to the Debtor's Schedules**

**Schedule A/B**. The Debtor's owned real estate is reported at book value, net of accumulated depreciation. The Debtor may have listed certain assets as real property when such assets are in fact personal property, or the Debtor may have listed certain assets as personal property when such assets are in fact real property. The Debtor reserves all of its rights to recategorize and/or recharacterize such asset holdings to the extent the Debtor determines that such holdings were improperly listed.

Unless indicated otherwise, asset values described in Schedule A/B are representative of values reflected on the Debtor's December 31, 2018 balance sheet.

**Schedule A/B, Part 1**. Details with respect to the Debtor's cash management system and bank accounts are provided in the Cash Management Motion.

**Schedule A/B7**. The Bankruptcy Court, pursuant to the *Debtor's Motion for Entry of Interim and Final Orders (I) Authorizing Debtor's Proposed Form of Adequate Assurance of Payment to Utility Companies, (II) Establishing Procedures for Resolving Objections by Utility Companies, and (III) Prohibiting Utility Companies from Altering, Refusing, or Discontinuing Service* [Docket No. 13], has authorized the Debtor to provide adequate assurance of payment for future utility services. Such deposits are not listed on Schedule A/B7, which was prepared as of the Petition Date.

**Schedule A/B11**. The Debtor has disclosed the net book value with respect to accounts receivable listed on Schedule A/B11, which represents the amount of the accounts receivable netted by any "doubtful accounts." For purposes of Schedule A/B11, "doubtful accounts" are those accounts that the Debtor has identified as unlikely to be paid given the amount of time such accounts have been outstanding.

**Schedule A/B, Part 5**. Unless otherwise stated in a specific Debtor's Schedule A/B, Part 5, book value is presented net of inventory reserves.

**Schedules A/B39-41 and A/B50.** For purposes of Schedules A/B39-41 and A/B50, the value of certain assets may be included in a fixed asset group or certain assets with a net book value of zero may not be set forth on Schedules A/B39-41 and A/B50.

**Schedule A/B73.** Additional information regarding the insurance policies listed on Schedule A/B73 is available in the *Debtor's Motion for Entry of Interim and Final Orders Authorizing the Debtor to (I) Continue Insurance Coverage Entered Into Prepetition and Satisfy Prepetition Obligations Related Thereto, (II) Renew, Amend, Supplement, Extend, or Purchase Insurance Policies, (III) Honor the Terms of the Premium Financing Agreements and Pay Premiums Thereunder, and (IV) Enter into New Premium Financing Agreements in the Ordinary Course of Business* [Docket No. 11].

**Schedule A/B75.** In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to causes of action, counterclaims, setoffs, refunds with its customers and suppliers or potential warranty claims against its suppliers. To the extent such rights are known and quantifiable, they are listed on Schedule A/B75; however, any such rights which are unknown to the Debtor or not quantifiable as of the Petition Date are not listed on Schedule A/B75.

**Schedule D.** The claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each claim. All claims listed on Schedule D, however, appear to have arisen or been incurred before the Petition Date.

Except as otherwise agreed pursuant to a stipulation or as otherwise provided by an order entered by the Bankruptcy Court, the Debtor reserves its rights to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset of a secured creditor listed on Schedule D of any Debtor. Moreover, although the Debtor has scheduled claims of various creditors as secured claims, the Debtor reserves all of its rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. The descriptions provided in Schedule D are solely intended to be a summary – and not an admission – of liability.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. The Debtor reserves all of its rights to amend Schedule D to the extent that the Debtor determines that any claims associated with such agreements should be reported on Schedule D. Nothing herein shall be construed as an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor's rights to recharacterize or reclassify such claim or contract.

Moreover, the Debtor has not included on Schedule D parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights. Where an administrative agent serves with respect to any prepetition secured debt, only the administrative agent is listed as the creditor on Schedule D and not any other parties who may hold a portion of the debt.

**Schedule E/F, Part 1.** The Bankruptcy Court has authorized the Debtor, in its discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, on February 8, 2018, the Bankruptcy Court entered the *Final Order (I) Authorizing the Debtor to (A) Pay Certain Prepetition Wages, Benefits and Other Compensation, and (B) Continue Employee Compensation and Employee Benefits Programs, and (II) Granting Related Relief* [Docket No. 163], authorizing the Debtor to pay or honor certain prepetition obligations with respect to employee wages, salaries and other compensation, reimbursable employee expenses and employee medical and similar benefits. Additionally, on February 8, 2018, the Bankruptcy Court entered the *Final Order (I) Authorizing the Payment of Certain Prepetition and Post-petition Taxes and Fees and (II) Granting Related Relief* [Docket No. 160], authorizing the Debtor to pay or honor certain prepetition obligations owed to taxing authorities. To the extent such claims have been paid or may be paid pursuant to further Bankruptcy Court order, they may not be included on Schedule E/F, Part 1.

The claims listed on Schedule E/F, Part 1 arose or were incurred on various dates; a determination of the date upon which each claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each claim. All claims listed on Schedule E/F, Part 1, however, appear to have arisen or to have been incurred before the Petition Date.

**Schedule E/F, Part 2.** The Debtor has used its commercially best reasonable efforts to report all general unsecured claims against the Debtor on Schedule E/F, Part 2 based upon the Debtor's existing books and records as of the Petition Date. The claims of individual creditors for, among other things, products, goods or services are listed as either the lower of the amounts invoiced by such creditor or the amounts entered on the Debtor's books and records and may not reflect credits or allowances due from such creditors to the applicable Debtor. The Debtor reserves all of its rights with respect to any such credits and allowances including the right to assert objections and/or setoffs with respect to same. Schedule E/F, Part 2 does not include certain deferred charges, deferred liabilities, accruals or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date. The Debtor has made every effort to include as a contingent, unliquidated or disputed the claim of any vendor not included on the Debtor's open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

Schedule E/F, Part 2 may contain information regarding pending litigation involving the Debtor. In certain instances, the amount that is the subject of the litigation is uncertain or undetermined. The dollar amount of potential claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated and disputed in the Schedules and Statements.

Schedule E/F, Part 2 may also include potential or threatened legal disputes that are not formally recognized by an administrative, judicial or other adjudicative forum due to certain procedural conditions that counterparties have yet to satisfy. Any information contained in Schedule E/F, Part 2 with respect to such potential litigation shall not be a binding representation of the Debtor's liabilities with respect to any of the potential suits and proceedings included therein.

Schedule E/F, Part 2 does not reflect any unsecured deficiency claims that may be held by prepetition secured creditors.

To the extent they are known, Schedule E/F, Part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or the assumption and assignment of an executory contract

or unexpired lease. Additionally, Schedule E/F, Part 2 does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

The Debtor is routinely subject to audit by the Debtor's largest payor, Medicare. Audits are currently under way by Medicare's contracting agents, the results of which are unknown. The impact of these audits could result in: (a) recoupments by Medicare netted against services currently being rendered; and (b) lower (or higher) prospective payment rates. The amount of this potential liability, if any, is unknown and not included in Schedule E/F, Part 2.

The Debtor may owe patients refunds for services. The claim amount for such refunds is unliquidated and unknown at this time. Accordingly, the Debtor has not included such patient claims in Schedule E/F.

**Schedule G.** The Debtor's business is complex. Although the Debtor's existing books, records and financial systems have been relied upon to identify and schedule executory contracts and unexpired leases at the Debtor and diligent efforts have been made to ensure the accuracy of each Debtor's Schedule G, inadvertent errors, omissions or over-inclusion may have occurred. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtor's reasonable efforts.

Listing a contract or lease on Schedule G does not constitute an admission that such contract or lease is an executory contract or unexpired lease or that such contract or lease was in effect on the Petition Date or is valid or enforceable. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contracts, leases or other agreements set forth on Schedule G and to amend or supplement Schedule G as necessary. Certain of the contracts and leases listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

Certain confidentiality or non-disclosure agreements may not be listed on Schedule G. The Debtor reserves all of its rights with respect to such agreements.

Certain of the contracts and leases listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry. The Debtor expressly reserves its rights to challenge whether such related materials constitute an executory contract or unexpired lease, a single contract or lease or multiple, severable or separate contracts or leases.

The contracts, leases and other agreements listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments and agreements that may not be listed therein despite the Debtor's use of reasonable efforts to identify such documents. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

The Debtor reserves all of its rights, claims and causes of action with respect to the contracts and leases on Schedule G, including the right to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim.

In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as subordination, non-disturbance and attornment agreements, supplemental agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Further, the Debtor reserves all of its rights to alter or amend these Schedules to the extent that additional information regarding the Debtor obligor to such executory contracts or unexpired leases becomes available. Certain of the executory contracts or unexpired leases may not have been memorialized and could be subject to dispute. Executory contracts that are oral in nature have not been included on Schedule G.

Omission of a contract or lease from Schedule G does not constitute an admission that such omitted contract or lease is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts or leases are not impaired by the omission.

The listing of any contract or lease on Schedule G does not constitute an admission by the Debtor as to the validity of any such contract or lease or an admission that such contract or lease is an executory contract or unexpired lease. The Debtor reserves all of its rights to dispute the effectiveness of any such contract or lease listed on Schedule G or to amend Schedule G at any time to remove any contract or lease.

#### **Specific Disclosures with Respect to the Debtor's Statements**

**Statement 1.** The amounts listed in Statement 1 reflect the revenue for the fiscal years 2017, 2018 and the year to date portion of fiscal year 2019 of each Debtor as such amount is calculated in the Debtor's records.

**Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtor except for those made to insiders (see Statement 4) and bankruptcy professionals (see Statement 11). The amounts listed in Statement 3 reflect the Debtor's disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3. All disbursements listed on Statement 3 are made through the Debtor's cash management system. Additionally, all disbursement information reported in Statement 3 for a specific Debtor pertains to the bank accounts maintained by that respective Debtor.

**Statement 7.** Information provided in Statement 7 includes only those legal disputes and administrative proceedings that are formally recognized by an administrative, judicial or other adjudicative forum. In the Debtor's attempt to provide full disclosure, to the extent a legal dispute or administrative proceeding is not formally recognized by an administrative, judicial or other adjudicative forum due to certain procedural conditions that counterparties have yet to satisfy, the Debtor has identified such matters on Schedule E/F, Part 2 for the applicable Debtor. Additionally, any information contained in Statement 7 shall not be a binding representation of the Debtor's liabilities with respect to any of the suits and proceedings identified therein.

**Statement 10.** The Debtor occasionally incurs losses for a variety of reasons, including theft and property damage. The Debtor, however, may not have records of all such losses as to the extent such losses do not have a material impact on the Debtor's business or are not reported for insurance purposes.

**Statement 11.** Although the Debtor retained or paid the entities and individuals who provided consultation concerning debt consolidation, relief under the Bankruptcy Code or preparation of a petition in bankruptcy within one year immediately preceding the Petition Date, all of the payments, or property transferred by or on behalf of a Debtor for such services, were made by SQLC Senior Living Center at Corpus Christi, Inc. D/B/A Mirador and are therefore listed on those Debtor's response to Statement 11.

**Statement 14.** With respect to information provided in Statement 14, the Debtor has, where applicable, disclosed the address of the Debtor's main center of operations or headquarters, and has not included information regarding any related warehousing or storage facilities, or any other site or location where a portion of a Debtor's business operations are conducted.

**Statement 27.** The Debtor has not conducted an inventory as of the date of petition filing.

**Statement 30.** Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtor has included a comprehensive response to Statement 30 in Statement 4.

*[Remainder of page intentionally left blank.]*

## Fill in this information to identify the case:

Debtor SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 19-20063  
(if known)☐ Check if this is an amended filing

## Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

**Part 1: Summary of Assets**1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B* .....

\$49,856,422.00

1b. **Total personal property:**Copy line 91A from *Schedule A/B* .....

\$2,848,354.72

1c. **Total of all property:**Copy line 92 from *Schedule A/B* .....

\$52,704,776.72

**Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$69,767,475.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

UNKNOWN

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+

\$35,855,387.23

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$105,622,862.23

**Fill in this information to identify the case:**Debtor SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 19-20063  
(if known)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: CASH AND CASH EQUIVALENTS****1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. CASH ON HAND**

2.1. PETTY CASH	\$500.00
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**3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS (IDENTIFY ALL)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. BANK OF AMERICA	OPERATING ACCOUNT	9154	\$883,951.00
3.2. REGIONS	ESCROW ACCOUNT	0470	\$186,411.29

**4. OTHER CASH EQUIVALENTS**

NONE

**5 Total of Part 1.**

ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

\$1,070,862.29

**Part 2: DEPOSITS AND PREPAYMENTS****6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

**Current value of debtor's interest****7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS**

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

NONE

Current value of  
debtor's interest

8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1.	PREPAID INSURANCE - CARING COMMUNITIES - GENERAL LIABILITY	\$29,428.01
8.2.	PREPAID INSURANCE - HUB - PHILADELPHIA INDEMNITY INSURANCE - AUTO COVERAGE, COMMERCIAL & BUY DOWN	\$2,684.59
8.3.	PREPAID INSURANCE - JLT SPECIALITY - D&O INSURANCE POLICY	\$112,313.95
8.4.	PREPAID INSURANCE - UHC - MEDICAL BENEFITS	\$57,345.48
8.5.	PREPAID INSURANCE - UNITED HEARTLAND - WORKERS COMPENSATION	\$9,051.99
8.6.	PREPAID INSURANCE - WILLIS OF ILLINOIS - D&O TAIL POLICY	\$16,520.00
8.7.	PREPAID INSURANCE - WILLIS OF ILLINOIS FIDUCIARY & CRIME	\$407.62
8.8.	PREPAID INSURANCE - WILLIS OF ILLINOIS PERSONAL PROPERTY	\$2.12
8.9.	PREPAID EXPENSE - ABILITY NETWORK	\$8,179.07
8.10.	PREPAID EXPENSE - BLUE ORANGE COMPLIANCE	\$2,576.76
8.11.	PREPAID EXPENSE - LEADING AGE TEXAS	\$14,997.60
8.12.	PREPAID EXPENSE - MATRIXCARE LICENSE	\$4,337.50
8.13.	PREPAID EXPENSE - MATRIXCARE LICENSE AMENDMENT 2 & 15	\$1,254.35
8.14.	PREPAID EXPENSE - MATRIXCARE LICENSE AMENDMENT 7	\$182.79
8.15.	PREPAID EXPENSE - MOTION PICTURE LICENSING	\$2,002.78
8.16.	PREPAID EXPENSE - NATL INVESTMENT CENTER	\$115.05
8.17.	PREPAID EXPENSE - NAVEX GLOBAL	\$379.20
8.18.	PREPAID EXPENSE - RELIAS	\$9,225.57
8.19.	PREPAID EXPENSE - TOUCHTOWN	\$810.00

9 Total of Part 2.

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$271,814.43

Part 3: ACCOUNTS RECEIVABLE

10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of  
debtor's interest

11. ACCOUNTS RECEIVABLE

ACCOUNT RECEIVABLE - OTHER	\$9,379.00	\$0.00	=	➔	\$9,379.00
	face amount	doubtful or uncollectable accounts			
ACCOUNTS RECEIVABLE	\$179,083.00	\$22,842.00	=	➔	\$156,241.00
	face amount	doubtful or uncollectable accounts			
ACCOUNTS RECEIVABLE - COINSURANCE	\$115,235.00	\$558.00	=	➔	\$114,677.00
	face amount	doubtful or uncollectable accounts			
ACCOUNTS RECEIVABLE - MED A	\$244,867.00	\$0.00	=	➔	\$244,867.00
	face amount	doubtful or uncollectable accounts			
ACCOUNTS RECEIVABLE - MED A REPLACEMENT	\$64,224.00	\$0.00	=	➔	\$64,224.00
	face amount	doubtful or uncollectable accounts			
ACCOUNTS RECEIVABLE - MED B	\$16,804.00	\$0.00	=	➔	\$16,804.00
	face amount	doubtful or uncollectable accounts			
ENTRANCE FEE DUE	\$2,100.00	\$0.00	=	➔	\$2,100.00
	face amount	doubtful or uncollectable accounts			

12 Total of Part 3.

CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$608,292.00

**Part 4: INVESTMENTS****13. DOES THE DEBTOR OWN ANY INVESTMENTS?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method used  
for current valueCurrent value of  
debtor's interest**14. MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1**

NAME OF FUND OR STOCK:

**15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE****16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1**

DESCRIBE:

**17 Total of Part 4.**

ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

N/A

**Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS****18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?**

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

General description

Date of the last  
physical inventoryNet book value of  
debtor's interest  
(Where available)Valuation method used  
for current valueCurrent value of  
debtor's interest**19. RAW MATERIALS**

NONE

**20. WORK IN PROGRESS**

NONE

**21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE**

NONE

**22. OTHER INVENTORY OR SUPPLIES**22.1. FOOD, BEVERAGE, & PANTRY N/A  
ITEMSLOWER OF COST OR  
MARKET

\$11,564.00

**23 Total of Part 5.**

ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.

\$11,564.00

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No  
☒ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☒ Yes Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value UNKNOWN

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)****27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. CROPS—EITHER PLANTED OR HARVESTED			
29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH <i>EXAMPLES:</i> LIVESTOCK, POULTRY, FARM-RAISED FISH			
30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES) (OTHER THAN TITLED MOTOR VEHICLES)			
31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED			
32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6			
33. Total of Part 6. ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.			N/A
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES

38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES? <input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. OFFICE FURNITURE NONE			
40. OFFICE FIXTURES NONE			
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE			
41.1. OFFICE FURNITURE, FIXTURES, & EQUIPMENT		NET BOOK VALUE	\$829,931.00
42. COLLECTIBLES EXAMPLES: ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES <i>EXAMPLES:</i> ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES NONE			
43. Total of Part 7. ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			\$829,931.00
44. Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Part 8: MACHINERY, EQUIPMENT, AND VEHICLES

46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES

47.1. AUTOMOBILES \$55,891.00

48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS

NONE

49. AIRCRAFT AND ACCESSORIES

NONE

50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)

NONE

51 Total of Part 8.

ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.

\$55,891.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No  
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Part 9: REAL PROPERTY

54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. BUILDINGS & LAND IMPROVEMENTS LOCATED AT 5857 TIMBERGATE DRIVE, CORPUS CHRISTI, TEXAS 78414	FEE SIMPLE	\$49,856,422.00	PROPERTY TAX ASSESSMENT	\$49,856,422.00
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56 Total of Part 9.

ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.

\$49,856,422.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No  
☒ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY****59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?**

- ☒ No. Go to Part 11.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS</b>			
<b>61. INTERNET DOMAIN NAMES AND WEBSITES</b>			
<b>62. LICENSES, FRANCHISES, AND ROYALTIES</b>			
<b>63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS</b>			
<b>64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY</b>			
<b>65. GOODWILL</b>			
<b>66. Total of Part 10.</b> ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.			N/A
<b>67. Do your lists or records include personally identifiable information of customers</b> (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>69. Has any of the property listed in Part 10 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 11: ALL OTHER ASSETS****70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM?**

INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of debtor's interest

**71. NOTES RECEIVABLE**

DESCRIPTION (INCLUDE NAME OF OBLIGOR)

NONE

**72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS)**

DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)

NONE

**73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES**

ACCIDENT FUND INSURANCE COMPANY OF AMERICA - 140-0011172

ATLANTIC SPECIALTY INSURANCE COMPANY - MML-11643-19

CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP - CRRRRG-0038-18

INDIAN HARBOR INSURANCE COMPANY - ELL 015040300

NAS INSURANCE COMPANY - 502499

PHILADELPHIA INDEMNITY INSURANCE COMPANY - PHPK1831075

XL SPECIALTY INSURANCE COMPANY - ELU 159229-18

ZURICH AMERICAN INSURANCE COMPANY - CPP9486500-07

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

UNKNOWN

Current value of debtor's interest

74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)  
NONE

75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS  
NONE

76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY  
NONE

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP  
NONE

78 Total of Part 11.  
ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?  
☒ No  
☐ Yes

UNKNOWN

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$1,070,862.29	
81. Deposits and prepayments. Copy line 9, Part 2.	\$271,814.43	
82. Accounts receivable. Copy line 12, Part 3.	\$608,292.00	
83. Investments. Copy line 17, Part 4.		
84. Inventory. Copy line 23, Part 5.	\$11,564.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$829,931.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$55,891.00	
88. Real property. Copy line 56, Part 9. .... →		\$49,856,422.00
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11. + UNKNOWN		
91. Total. Add lines 80 through 90 for each column. .... 91a.	\$2,848,354.72 + 91b	\$49,856,422.00

92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....

\$52,704,776.72

**Fill in this information to identify the case:**Debtor SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 19-20063  
(if known)☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Creditors with Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim***Do not deduct the value of collateral.**Column B***Value of collateral that supports this claim**

2.1	<b>Creditor's name</b> DEUTSCHE ASSET MANAGEMENT  <b>Creditor's mailing address</b> 345 PARK AVENUE NEW YORK, NY 10154  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8RDM  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SENIOR SECURED SERIES 2017 BONDS  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000,000.00	UNKNOWN
2.2	<b>Creditor's name</b> INVESCO/VAN KAMPEN  <b>Creditor's mailing address</b> 1555 PEACHTREE ST. NW # 1800 ATLANTA, GA 30309  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8RDM  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SENIOR SECURED SERIES 2017 BONDS  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$29,660,000.00	UNKNOWN

(Name)

**Part 1: Additional Page**

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.3	<b>Creditor's name</b> PIONEER FUNDS  <b>Creditor's mailing address</b> 60 STATE STREET BOSTON, MA 02109  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8RDM  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SENIOR SECURED SERIES 2017 BONDS  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,000,000.00	UNKNOWN
2.4	<b>Creditor's name</b> SENIOR QUALITY LIFESTYLES CORPORATION (SQLC)  <b>Creditor's mailing address</b> 12720 HILLCREST ROAD SUITE 106 DALLAS, TX 75230  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SUBORDINATED NOTE  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,147,475.00	UNKNOWN
2.5	<b>Creditor's name</b> VAN ECK  <b>Creditor's mailing address</b> 666 3RD AVE. NEW YORK, NY 10017  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8RDM  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SENIOR SECURED SERIES 2017 BONDS  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,150,000.00	UNKNOWN

**Part 1: Additional Page**

		Column A Amount of claim <i>Do not deduct the value of collateral.</i>	Column B Value of collateral that supports this claim	
2.6	<b>Creditor's name</b> VANGUARD GROUP  <b>Creditor's mailing address</b> 455 DEVON PARK DRIVE WAYNE, PA 19087  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8RDM  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SENIOR SECURED SERIES 2017 BONDS  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,825,000.00	UNKNOWN
2.7	<b>Creditor's name</b> WADDELL & REED/IVY MANAGEMENT  <b>Creditor's mailing address</b> 6300 LAMAR AVENUE OVERLAND, KS 66202  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8RDM  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SENIOR SECURED SERIES 2017 BONDS  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,250,000.00	UNKNOWN
2.8	<b>Creditor's name</b> ZIEGLER RETAIL  <b>Creditor's mailing address</b> ONE NORTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606  <b>Creditor's email address</b>  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 8RDM  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Describe debtor's property that is subject to a lien</b> SUBSTANTIALLY ALL OF DEBTOR'S ASSETS  <b>Describe the lien</b> SENIOR SECURED SERIES 2017 BONDS  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,735,000.00	UNKNOWN

3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	\$69,767,475.00
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**Fill in this information to identify the case:**Debtor SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 19-20063  
(if known)☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<b>Priority creditor's name and mailing address</b> CENTERS FOR MEDICARE & MEDICAID SER 7500 SECURITY BOULEVARD BALTIMORE, MD 21244  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.2	<b>Priority creditor's name and mailing address</b> CENTERS FOR MEDICARE & MEDICAID SER ATTN: ARTHUR PAGAN DIVISION OF FINANCIAL MANAGEMENT 101 YOUNG ST., SUITE 714 DALLAS, TX 75202  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.3	<b>Priority creditor's name and mailing address</b> CENTERS FOR MEDICARE & MEDICAID SER DIVISION OF ACCOUNTING PO BOX 7520 BALTIMORE, MD 21207-0520  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.4	<b>Priority creditor's name and mailing address</b> CITY OF CORPUS CHRISTI CITY GOVERNMENT OFFICE CORPUS CHRISTI, TX 78411  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.5	<b>Priority creditor's name and mailing address</b> CITY OF CORPUS CHRISTI P.O. BOX 9277 CORPUS CHRISTI, TX 78469-9277  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.6	<b>Priority creditor's name and mailing address</b> CITY OF CORPUS CHRISTI TAX DIVISION 1201 LEOPARD ST., 5TH FLOOR CORPUS CHRISTI, TX 78401  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.7	<b>Priority creditor's name and mailing address</b> COMPTROLLER OF PUBLIC ACCOUNTS C/O OFFICE OF THE ATTORNEY GENERAL BANKRUPTCY – COLLECTIONS DIV. MC-008 P.O. BOX 12548 AUSTIN, TX 78711-2548  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.8	<b>Priority creditor's name and mailing address</b> DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVE NW WASHINGTON, DC 20220  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.9	<b>Priority creditor's name and mailing address</b> DRUG ENFORCEMENT ADMINISTRATION ATTN OFFICE OF DIVERSION CONTROL 8701 MORRISSETTE DR SPRINGFIELD, VA 22152  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.10	<b>Priority creditor's name and mailing address</b> DRUG ENFORCEMENT ADMINISTRATION DALLAS DIVISION 10160 TECHNOLOGY BOULEVARD EAST DALLAS, TX 75220  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.11	<b>Priority creditor's name and mailing address</b> DRUG ENFORCEMENT ADMINISTRATION HOUSTON DIVISION 1433 WEST LOOP SOUTH SUITE 600 HOUSTON, TX 77027-9506  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.12	<b>Priority creditor's name and mailing address</b> ENVIRONMENTAL PROTECTION AGENCY 1445 ROSS AVE DALLAS, TX 75202  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.13	<b>Priority creditor's name and mailing address</b> ENVIRONMENTAL PROTECTION AGENCY OFFICE OF GENERAL COUNSEL MAIL CODE 2310A - ARIEL RIOS BLDG. 1200 PENNSYLVANIA AVE., NW WASHINGTON, DC 20460-0001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.14	<b>Priority creditor's name and mailing address</b> EQUAL EMPLOYMENT OPPORTUNITY COMMISSION 131 M ST. NE WASHINGTON, DC 20002  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.15	<b>Priority creditor's name and mailing address</b> EQUAL EMPLOYMENT OPPORTUNITY COMMISSION 1919 SMITH ST. HOUSTON, TX 77002  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.16	<b>Priority creditor's name and mailing address</b> ERIC WARNER, ASSOCIATE REGIONAL DIRECTOR U.S. SECURITIES & EXCHANGE COMMISSION FORT WORTH REGIONAL OFFICE 801 CHERRY ST., STE. 1900, UNIT 18 FORT WORTH, TX 76102  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.17	<b>Priority creditor's name and mailing address</b> HUD 451 7TH ST., S.W. WASHINGTON, DC 20410  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.18	<b>Priority creditor's name and mailing address</b> INTERNAL REVENUE SERVICE SPECIAL PROCEDURES STAFF STOP 5022 AUS 300 E. 8TH ST. AUSTIN, TX 78701  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.19	<b>Priority creditor's name and mailing address</b> MARSHALL GANDY, ASSOC REGIONAL DIRECTOR U.S. SECURITIES & EXCHANGE COMMISSION FORT WORTH REGIONAL OFFICE 801 CHERRY ST., STE. 1900, UNIT 18 FORT WORTH, TX 76102  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.20	<b>Priority creditor's name and mailing address</b> NUECES COUNTY TAX ASSESSOR 901 LEOPARD ST 301 CORPUS CHRISTI, TX 78401  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.21	<b>Priority creditor's name and mailing address</b> PENSION BENEFIT GUARANTY CORPORATION 1200 K ST. NW WASHINGTON, DC 20005  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.22	<b>Priority creditor's name and mailing address</b> TEXAS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 13528 CAPITOL STATION AUSTIN, TX 78711-3528  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.23	<b>Priority creditor's name and mailing address</b> TEXAS COMPTROLLER OF PUBLIC ACCOUNTS UNCLAIMED PROPERTY DIVISION 111 E 17TH ST. AUSTIN, TX 78711  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.24	<b>Priority creditor's name and mailing address</b> TEXAS DEPARTMENT OF LICENSING REGULATION 920 COLORADO ST. AUSTIN, TX 78701  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.25	<b>Priority creditor's name and mailing address</b> TEXAS DEPARTMENT OF STATE HEALTH SRVC FACILITY LICENSING GROUP PO BOX 149347 AUSTIN, TX 78714-9347  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.26	<b>Priority creditor's name and mailing address</b> TEXAS DEPARTMENT OF STATE HEALTH SRVC FACILITY LICENSING GROUP MC 2835 PO BOX 149347 AUSTIN, TX 78714-9347  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.27	<b>Priority creditor's name and mailing address</b> TEXAS DEPARTMENT OF STATE HEALTH SRVC PO BOX 149347 AUSTIN, TX 78714-9347  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.28	<b>Priority creditor's name and mailing address</b> TEXAS DEPARTMENT OF STATE HEALTH SRVC RADIATION CONTROL PROGRAM MC 2835 PO BOX 149347 AUSTIN, TX 78714-9347  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.29	<b>Priority creditor's name and mailing address</b> TEXAS DEPARTMENT OF STATE HEALTH SRVC THE EXCHANGE BLDG 8407 WALL ST AUSTIN, TX 78754  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.30	<b>Priority creditor's name and mailing address</b> TEXAS DEPARTMENT OF STATE HEALTH SRVC THE EXCHANGE BLDG FACILITY LICENSING GROUP MC 2835 8407 WALL ST AUSTIN, TX 78754  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.31	<b>Priority creditor's name and mailing address</b> TEXAS HEALTH & HUMAN RESOURCES PO BOX 149347 AUSTIN, TX 78711-2548  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.32	<b>Priority creditor's name and mailing address</b> TEXAS HEALTH CARE ASSOCIATION 1108 LAVACA ST., SUITE 500 AUSTIN, TX 78701  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

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		Total claim	Priority amount	
2.33	<b>Priority creditor's name and mailing address</b> TEXAS HEALTH HUMAN SERVICES COMMISSION JANET TOTTER, LITIGATION UNIT ATTORNEY MAIL CODE W-615 701 W. 51ST ST. AUSTIN, TX 78751  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.34	<b>Priority creditor's name and mailing address</b> TEXAS SECRETARY OF STATE 1019 BRAZOS, ROOM 245 AUSTIN, TX 78701  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.35	<b>Priority creditor's name and mailing address</b> TEXAS STATE BOARD OF PHARMACY WILLIAM P HOBBY BUILDING SUITE 3500 333 GUADALUPE ST AUSTIN, TX 78701  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.36	<b>Priority creditor's name and mailing address</b> TEXAS WORKFORCE COMMISSION BANKRUPTCY UNIT, ROOM 556 101 EAST 15TH ST. AUSTIN, TX 78778-0001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.37	<b>Priority creditor's name and mailing address</b> U.S. DEPARTMENT OF LABOR 1701 E LAMAR BLVD 270 ARLINGTON, TX 76006  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

**Part 1: Additional Page**

		Total claim	Priority amount	
2.38	<b>Priority creditor's name and mailing address</b> U.S. DEPT. OF HEALTH & HUMAN SERVICES 7500 SECURITY BLVD. BALTIMORE, MD 21244  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.39	<b>Priority creditor's name and mailing address</b> U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION 131 M ST., NE – 4TH FLOOR SUITE 4NWO2F WASHINGTON, DC 20507-0100  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.40	<b>Priority creditor's name and mailing address</b> U.S. SOCIAL SECURITY ADMINISTRATION 3801 S. PORT AVE. CORPUS CHRISTI, TX 78415  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXING AND REGULATORY AGENCY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> A.R.M. CONSTRUCTION 4218 DILLION LANE CORPUS CHRISTI, TX 78415  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 475	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00

**Part 2:** Additional Page

			Amount of claim
3.2	<b>Nonpriority creditor's name and mailing address</b> ABBY HASANI  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0118	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.90
3.3	<b>Nonpriority creditor's name and mailing address</b> ABSHIRE DIETARY CONSULTANTS, L 2409 HUTCHINS LN. EL CAMPO, TX 77437  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 148	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$982.00
3.4	<b>Nonpriority creditor's name and mailing address</b> ACCUSHIELD 2030 POWERS FERRY ROAD SE SUITE 360 ATLANTA, GA 30339-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1192	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$589.00
3.5	<b>Nonpriority creditor's name and mailing address</b> ACPL 13828 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1086	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.19
3.6	<b>Nonpriority creditor's name and mailing address</b> ADVANCE EMS, LTD PO BOX 668 BELLAIRE, TX 77402-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 295	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,185.00

**Part 2:** Additional Page

			Amount of claim
3.7	<b>Nonpriority creditor's name and mailing address</b> ALSCO 4353 BALWIN BLVD CORPUS CHRISTI, TX 78408- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 0057	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,069.01
3.8	<b>Nonpriority creditor's name and mailing address</b> AMERICAN CAB COMPANY P.O. BOX 1251 ARANSAS PASS, TX 78335- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 781	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.00
3.9	<b>Nonpriority creditor's name and mailing address</b> ANDREA BORDA 5720 S. ALAMEDA ST APT# 106 CORPUS CHRISTI, TX 78412- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 399	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
3.10	<b>Nonpriority creditor's name and mailing address</b> BEN E. KEITH P.O. BOX 2628 FORT WORTH, TX 76113- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 1037	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,713.98
3.11	<b>Nonpriority creditor's name and mailing address</b> BLUE BELL CREAMERIES, L.P. P.O. BOX 973601 DALLAS, TX 75397-3601 <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 429	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$416.84

**Part 2:** Additional Page

			Amount of claim
3.12	<b>Nonpriority creditor's name and mailing address</b> CAWLEY P.O. BOX 2110 MANITOWOC, WI 54221-2110  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 40	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$634.23
3.13	<b>Nonpriority creditor's name and mailing address</b> CHRISTINE ROBERTS  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0136	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$417.68
3.14	<b>Nonpriority creditor's name and mailing address</b> CIT 21146 NETWORK PLACE CHICAGO, IL 60673-1211  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0136	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,605.77
3.15	<b>Nonpriority creditor's name and mailing address</b> CORPUS CHRISTI PRODUCE CO., IN 238 N PORT AVE., CORPUS CHRISTI, TX 78408  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 735	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.32
3.16	<b>Nonpriority creditor's name and mailing address</b> CORPUS CHRISTI UROLOGY GROUP P 601 TEXAN TRAIL CORPUS CHRISTI, TX 78411  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 18	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.99

**Part 2:** Additional Page

			Amount of claim
3.17	<b>Nonpriority creditor's name and mailing address</b> COURTNEY EBNER, RHIA P.O. BOX 86 CASTROVILLE, TX 78009- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 0133	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
3.18	<b>Nonpriority creditor's name and mailing address</b> DIRECT SUPPLY BOX 88201 MILWAUKEE, WI 53288-0201 <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 365	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.94
3.19	<b>Nonpriority creditor's name and mailing address</b> DON HUFF 6705 LA BIANCA DRIVE CORPUS CHRISTI, TX 78414- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 122	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.00
3.20	<b>Nonpriority creditor's name and mailing address</b> DRIESSEN WATER INC 110 W FREMONT ST OWATONNA, MN 55060-2328 <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 392	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171.54
3.21	<b>Nonpriority creditor's name and mailing address</b> ECOLAB P.O. BOX 70343 CHICAGO, IL 60673-0343 <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 0101	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$584.41

**Part 2:** Additional Page

			Amount of claim
3.22	<b>Nonpriority creditor's name and mailing address</b> FEDEX P.O. BOX 660481 DALLAS, TX 75266-0481  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1030	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.89
3.23	<b>Nonpriority creditor's name and mailing address</b> FIRST CHOICE MEDICAL SUPPLY P.O. BOX 3608 JACKSON, MS 39207-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 565	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,705.11
3.24	<b>Nonpriority creditor's name and mailing address</b> FISH WINDOW CLEANING P.O. BOX 2439 PORT ARANSAS, TX 78373-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 452	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.00
3.25	<b>Nonpriority creditor's name and mailing address</b> GATEWAY PRINTING & OFFICE SUPP 4119 13003 SOUTHWEST FWY #179 STAFFORD, TX 77477  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 824	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$455.09
3.26	<b>Nonpriority creditor's name and mailing address</b> GOLDS GYM 4001 MAPLE AVENUE, SUITE 200 DALLAS, TX 75219-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 962	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$949.00

**Part 2:** Additional Page

			Amount of claim
3.27	<b>Nonpriority creditor's name and mailing address</b> GRAF PLUMBING INC 5961 LA COSTA DRIVE CORPUS CHRISTI, TX 78414- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 454	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$377.92
3.28	<b>Nonpriority creditor's name and mailing address</b> HAITHAM JIFI, M.D.P.A. 5920 SARATOGA BLVD. STE 420 CORPUS CHRISTI, TX 78414- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 859	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.29	<b>Nonpriority creditor's name and mailing address</b> HARDIE'S FRESH FOODS P.O. BOX 671155 HARDIE'S FRUIT & VEGETAABLE CO DALLAS, TX 75267-1155 <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 282	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.04
3.30	<b>Nonpriority creditor's name and mailing address</b> HD SUPPLY FACILITIES MAINTENAN 560 LAKESIDE PKWY SUITE 100 FLOWER MOUND, TX 75028 <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 334	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.75
3.31	<b>Nonpriority creditor's name and mailing address</b> HEALTHPRO THERAPY SERVICES 536 OLD HOWELL RD GREENVILLE, SC 29615- <b>Date or dates debt was incurred</b> VARIOUS <b>Last 4 digits of account number:</b> 0108	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,538.38

**Part 2:** Additional Page

			Amount of claim
3.32	<b>Nonpriority creditor's name and mailing address</b> HENRY G RITCHIE 5857 TIMBERGATE DR. CORPUS CHRISTI, TX 78414  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 76	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,717.37
3.33	<b>Nonpriority creditor's name and mailing address</b> HILL COUNTRY DAIRIES P.O. BOX 80467 AUSTIN, TX 78708-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0011	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.17
3.34	<b>Nonpriority creditor's name and mailing address</b> INCENTIVE BRANDS MUSTANG APPAREL, INC 610 COIT RD. STE 100 PLANO, TX 75075-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0139	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,965.01
3.35	<b>Nonpriority creditor's name and mailing address</b> KAT PIGOTT  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 857	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$417.68
3.36	<b>Nonpriority creditor's name and mailing address</b> LIQUID TOWN INC. 5009 SARATOGA CORPUS CHRISTI, TX 78413-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1152	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,462.46

**Part 2:** Additional Page

			Amount of claim
3.37	<b>Nonpriority creditor's name and mailing address</b> MALDONADO NURSERY & LANDSCAPIN 1960 HOLLY ROAD CORPUS CHRISTI, TX 78417  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 384	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,832.00
3.38	<b>Nonpriority creditor's name and mailing address</b> MASTERPIECE LIVING, LLC 9000 BURMA ROAD SUITE 106 PALM BEACH GARDENS, FL 33403-1606  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0137	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,115.52
3.39	<b>Nonpriority creditor's name and mailing address</b> MATERA PAPER COMPANY PO BOX 200184 SAN ANTONIO, TX 78220-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 467	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,830.41
3.40	<b>Nonpriority creditor's name and mailing address</b> MATRIXCARE BIN #32 P.O. BOX 1414 MINNEAPOLIS, MN 55480-1414  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1060	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,420.00
3.41	<b>Nonpriority creditor's name and mailing address</b> MATRIXCARE AOD BIN #18, PO BOX 9201 MINNEAPOLIS, MN 55480-9201  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 302	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,106.00

**Part 2:** Additional Page

			Amount of claim
3.42	<b>Nonpriority creditor's name and mailing address</b> MEDLINE INDUSTRIES, INC. DEPT 1080 P.O. BOX 121080 DALLAS, TX 75312-1080  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 9	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,070.03
3.43	<b>Nonpriority creditor's name and mailing address</b> MUIR SALON GROUP 3250 W. HENDERSON RD. STE. 203 COLUMBUS, OH 43220-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 538	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,739.90
3.44	<b>Nonpriority creditor's name and mailing address</b> OFFICE DEPOT PO BOX 88040 CHICAGO, IL 60680-1040  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1033	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$369.96
3.45	<b>Nonpriority creditor's name and mailing address</b> PERFORMANCE HEALTH SUPPLY, INC P.O. BOX 93040 CHICAGO, IL 60673-3040  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 135	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.25
3.46	<b>Nonpriority creditor's name and mailing address</b> PEST PATROL INC. 3630 W.O. W P. O. DAWER CORPUS CHRISTI, TX 78427-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 108	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640.00

**Part 2:** Additional Page

			Amount of claim
3.47	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES P.O. BOX 371896 PITTSBURGH, PA 15250-7896  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 48	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.46
3.48	<b>Nonpriority creditor's name and mailing address</b> PROFESSIONAL IMAGING, LLC 6078 BRIDGEVIEW DRIVE VENTURA, CA 93003-1126  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0095	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.79
3.49	<b>Nonpriority creditor's name and mailing address</b> RADIOLOGY ASSOCIATES, LLP P.O. BOX 28125 MIAMI, FL 33102-8125  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 730	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.46
3.50	<b>Nonpriority creditor's name and mailing address</b> RENFROW & COMPANY 1123 AGNES CORPUS CHRISTI, TX 78463-3519  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 257	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.51	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1000 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 5/16/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$320,283.90

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			Amount of claim
3.52	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1039 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/8/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$218,610.00
3.53	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1064 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 10/3/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.54	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1067 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/21/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$328,779.00
3.55	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1077 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 10/31/2015  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$238,921.20
3.56	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1086 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/6/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$195,297.30

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			Amount of claim
3.57	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1089 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$229,900.00
3.58	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1093 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/8/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$343,710.00
3.59	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1128 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/16/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.60	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 113 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/4/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$115,275.00
3.61	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1136 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/6/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$178,119.00

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			Amount of claim
3.62	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1143 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/16/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$206,100.00
3.63	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 116 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/6/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.64	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1183 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$99,950.00
3.65	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1194 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/5/2013  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$246,566.70
3.66	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 121 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 9/18/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$246,766.50

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			Amount of claim
3.67	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1234 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/16/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$129,950.00
3.68	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1248 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/19/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$114,705.00
3.69	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1269 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$277,789.50
3.70	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1277 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/25/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$186,030.00
3.71	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1278 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$187,740.00

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			Amount of claim
3.72	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1283 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/17/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$229,900.00
3.73	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1300 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/15/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$305,900.00
3.74	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1304 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/31/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$207,090.00
3.75	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1314 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/7/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.76	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1317 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/19/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$259,900.00

**Part 2:** Additional Page

			Amount of claim
3.77	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1331 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/21/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.78	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1341 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/20/2013  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$273,780.00
3.79	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1357 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/30/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$206,373.60
3.80	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1363 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/12/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$206,469.45
3.81	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1367 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/7/2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$330,904.00

**Part 2:** Additional Page

			Amount of claim
3.82	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1373 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/26/2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$197,058.60
3.83	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 138 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/28/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$186,030.00
3.84	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1382 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/31/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$207,495.00
3.85	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 139 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 9/29/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$199,900.00
3.86	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1395 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 8/22/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$138,410.00

**Part 2:** Additional Page

			Amount of claim
3.87	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 141 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/29/2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$241,451.10
3.88	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1411 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/10/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$226,719.00
3.89	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1415 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/29/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$328,779.00
3.90	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1420 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/23/2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$71,316.80
3.91	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 148 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/15/2013  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$507,404.70

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			Amount of claim
3.92	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1487 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 10/11/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$256,131.90
3.93	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1490 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/22/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$199,900.00
3.94	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 150 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/31/2013  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$160,758.00
3.95	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 151 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/25/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$237,276.00
3.96	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1539 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/28/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$237,276.00

**Part 2:** Additional Page

			Amount of claim
3.97	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1542 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/30/2015  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$200,625.30
3.98	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1557 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/6/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$129,950.00
3.99	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 1559 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/29/2015  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$103,035.00
3.100	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 158 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/24/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$144,950.00
3.101	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 189 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 8/31/2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$310,596.30

**Part 2:** Additional Page

			Amount of claim
3.102	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 200 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/15/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$259,900.00
3.103	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 244 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/13/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$459,800.00
3.104	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 247 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/1/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$230,805.00
3.105	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 288 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/26/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$199,900.00
3.106	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 302 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/31/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$193,471.20

(Name)

**Part 2:** Additional Page

			Amount of claim
3.107	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 304 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/20/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$229,900.00
3.108	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 325 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 8/12/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$229,900.00
3.109	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 34 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/5/2013  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$97,462.50
3.110	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 37 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/28/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$212,400.00
3.111	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 451 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$229,900.00

**Part 2:** Additional Page

			Amount of claim
3.112	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 474 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/29/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$269,803.80
3.113	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 475 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/27/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$263,169.00
3.114	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 484 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$207,090.00
3.115	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 487 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/11/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$229,900.00
3.116	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 55 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/29/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$206,469.00

**Part 2:** Additional Page

			Amount of claim
3.117	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 552 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$218,610.00
3.118	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 558 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$231,900.00
3.119	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 561 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/28/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$114,950.00
3.120	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 571 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/6/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$220,896.00
3.121	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 639 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/22/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$279,010.80

(Name)

**Part 2:** Additional Page

			Amount of claim
3.122	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 649 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 8/29/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$207,679.50
3.123	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 664 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/22/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$233,910.00
3.124	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 665 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> N/A  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$292,410.00
3.125	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 673 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 9/30/2015  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$238,921.20
3.126	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 724 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/16/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00

**Part 2:** Additional Page

			Amount of claim
3.127	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 736 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 11/16/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$206,469.00
3.128	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 759 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/6/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$251,582.40
3.129	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 780 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 10/11/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$294,020.10
3.130	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 79 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/28/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$106,000.00
3.131	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 811 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/26/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$103,765.18

**Part 2:** Additional Page

			Amount of claim
3.132	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 822 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 9/5/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$167,475.00
3.133	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 827 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/16/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$215,373.60
3.134	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 843 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/31/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$246,767.40
3.135	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 851 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/25/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$296,244.00
3.136	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 880 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/26/2013  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$162,558.00

**Part 2:** Additional Page

			Amount of claim
3.137	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 893 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 1/31/2015  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$279,669.60
3.138	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 901 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/19/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$129,950.00
3.139	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 916 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/15/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.140	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 929 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/27/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$247,779.00
3.141	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 935 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/27/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00

**Part 2:** Additional Page

			Amount of claim
3.142	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 938 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 2/27/2015  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$258,448.50
3.143	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 941 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 12/22/2014  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$89,739.00
3.144	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 951 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 9/27/2017  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$256,614.30
3.145	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 962 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 3/26/2012  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$261,544.50
3.146	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 969 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/13/2016  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$231,833.70

**Part 2:** Additional Page

			Amount of claim
3.147	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 985 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 6/17/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.148	<b>Nonpriority creditor's name and mailing address</b> RESIDENT 991 ADDRESS REDACTED  <b>Date or dates debt was incurred</b> 7/6/2011  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> RESIDENT AGREEMENT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$289,900.00
3.149	<b>Nonpriority creditor's name and mailing address</b> SENIOR QUALITY LIFESTYLES CORPORATION (SQLC) 12720 HILLCREST ROAD SUITE 106 DALLAS, TX 75230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number: N/A</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> SUBORDINATED LOAN  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,007,513.00
3.150	<b>Nonpriority creditor's name and mailing address</b> SENIOR QUALITY LIFESTYLES CORPORATION (SQLC) 12720 HILLCREST ROAD SUITE 106 DALLAS, TX 75230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number: N/A</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LIQUIDITY SUPPORT AGREEMENT  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,710,490.00
3.151	<b>Nonpriority creditor's name and mailing address</b> SENIOR QUALITY LIFESTYLES CORPORATION (SQLC) 12720 HILLCREST ROAD SUITE 106 DALLAS, TX 75230  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number: N/A</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> DEFERRED MANAGEMENT FEES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,008,725.00

**Part 2:** Additional Page

			Amount of claim
3.152	<b>Nonpriority creditor's name and mailing address</b> SENIORITY, INC. 15601 DALLAS PARKWAY SUITE 200 ADDISON, TX 75001  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> N/A	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> REIMBURSABLES  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$484,706.00
3.153	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT P.O. BOX 101007 PASADENA, CA 91189-1007  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 832	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.32
3.154	<b>Nonpriority creditor's name and mailing address</b> SIZEWISE RENTALS, LLC 3555 W RENO AVE, SUITE E LAS VEGAS, NV 89118-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.155	<b>Nonpriority creditor's name and mailing address</b> SOUTH TEXAS CLINICAL LABORATOR 418 S, 6TH STREET KINGSVILLE, TX 78636  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 769	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,715.22
3.156	<b>Nonpriority creditor's name and mailing address</b> SOUTH TEXAS RESTAURANT EQUIPME 433 MCCAMPBELL RD. CORPUS CHRISTI, TX 78408  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 157	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.77

**Part 2:** Additional Page

			Amount of claim
3.157	<b>Nonpriority creditor's name and mailing address</b> SYSCO CENTRAL TEXAS, INC. 1260 SCHWAB ROAD NEW BRAUNFELS,, TX 78132-5155  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 12	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,807.70
3.158	<b>Nonpriority creditor's name and mailing address</b> TERESA BATES  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0138	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$626.00
3.159	<b>Nonpriority creditor's name and mailing address</b> THYSSENKRUPP ELEVATOR CORP P.O. BOX 933004 ATLANTA, GA 31193-3004  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 367	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,933.16
3.160	<b>Nonpriority creditor's name and mailing address</b> TIME WARNER CABLE P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 61	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,330.24
3.161	<b>Nonpriority creditor's name and mailing address</b> TRIMARK R.W. SMITH PO BOX 51847 LOS ANGELES, CA 90051-6147  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0005	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00

**Part 2:** Additional Page

			Amount of claim
3.162	<b>Nonpriority creditor's name and mailing address</b> TRISHA RODRIGUEZ 222 LLANO DR PORTLAND, TX 78374-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 1093	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.04
3.163	<b>Nonpriority creditor's name and mailing address</b> TYCO INTEGRATED SECURITY P.O. BOX 371967 PITTSBURG, PA 15250-7967  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 403	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,549.28
3.164	<b>Nonpriority creditor's name and mailing address</b> UMB BANK N.A. P.O. BOX 414589 KANSAS CITY, MO -  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 5303	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,765.42
3.165	<b>Nonpriority creditor's name and mailing address</b> UT HEALTH PHYSICIANS 6410 FANNIN STREET HOUSTON, TX 77030  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 0140	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00
3.166	<b>Nonpriority creditor's name and mailing address</b> X-RAY ON WHEELS, INC. 2121 LOHMAN'S CROSSING SUITE 504, PMB 453 LAKEWAY, TX 78734-  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b> 291	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PURCHASE OR SERVICE LIABILITY  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.50

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	UNKNOWN
5b. Total claims from Part 2	5b. +	\$35,855,387.23
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$35,855,387.23

**Fill in this information to identify the case:**Debtor SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 19-20063  
(if known)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	KITCHEN EXHAUST/VENT HOOD CLEANING LETTER AGREEMENT DATED 07/20/11 FOR KITCHEN EXHAUST/VENT HOOD CLEANING.	A&A ADVANCED PO BOX 271828 CORPUS CHRISTI, TX 78427
2.2	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	SERVICE AGREEMENT DATED 10/07/16 A SERVICE AGREEMENT.	ABILITY NETWORK INC. 100 NORTH 6TH ST. SUITE 900A MINNEAPOLIS, MN 55403
2.3	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	DIETARY CONSULTING AGREEMENT DATED 07/19/11 DIETARY CONSULTING AGREEMENT.	ABSHIRE DIETARY CONSULTANTS LLC PO BOX 1635 EL CAMPO, TX 77437
2.4	<b>State what the contract or lease is for and the nature of the debtor's interest</b>  <b>State the term remaining</b>  <b>List the contract number of any government contract</b>	QUOTE DATED 08/27/17 A PRICING QUOTE FOR A TABLET, PRINTER AND THEIR INSTALLATION.	ACCUSHIELD LLC 2030 POWERS FERRY RD #360 ATLANTA, GA 30339

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.5	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOFTWARE SERVICES AGREEMENT DATED 10/19/17</p> <p>SOFTWARE SERVICES AGREEMENT.</p>	<p>ADP WORKFORCENOW</p> <p>211 NORTH LOOP 1604 EAST</p> <p>SAN ANTONIO, TX 78232</p>
2.6	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COMMERCIAL SALES AGREEMENT DATED 03/10/11</p> <p>A COMMERCIAL SALES AGREEMENT.</p>	<p>ADT SECURITY SERVICES, INC.</p> <p>140 HEIMER RD.</p> <p>SUITE 100</p> <p>SAN ANTONIO, TX 78232</p>
2.7	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMBULANCE TRANSPORT AGREEMENT DATED 11/21/12</p> <p>AN AMBULANCE TRANSPORT AGREEMENT.</p>	<p>ADVANCE EMS</p> <p>PO BOX 668</p> <p>BELLAIRE, TX 77402</p>
2.8	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HIPAA BUSINESS ASSOCIATE AGREEMENT DATED 05/19/15</p> <p>A HOSPICE AND LONG TERM FACILITY AGREEMENT.</p>	<p>AIM HOSPICE</p> <p>703 E CONCHO ST.</p> <p>ROCKPORT, TX 78382</p>
2.9	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PRODUCT SALE AGREEMENT DATED 07/15/11</p> <p>FOR PRESENT AND FUTURE REQUIREMENTS OF INDUSTRIAL, SPECIALTY, AND/OR MEDICAL GASES, INCLUDING CARBON DIOXIDE.</p>	<p>AIRGAS-SOUTHWEST INC.</p> <p>4817 AGNES ST.</p> <p>CORPUS CHRISTI, TX 78405</p>
2.10	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICES LETTER DATED 04/22/11</p> <p>SOLID WASTE, RECYCLING COLLECTION AND PROCESSING SERVICES AGREEMENT.</p>	<p>ALLIED WASTE</p> <p>4414 AGNES ST.</p> <p>CORPUS CHRISTI, TX 78405</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.11	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>SUBORDINATE AGREEMENT FOR LAUNDRY PROCESSING AND RENTAL SERVICES DATED 08/31/17 LAUNDRY PROCESS AND RENTAL AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ALSCO, INC. 4553 BALDWIN BLVD CORPUS CHRISTI, TX 78408</p>	
2.12	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>NURSING FACILITY SERVICES AGREEMENT DATED 12/26/12 A NURSING FACILITY SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ALTUS HOSPICE 4300 SOUTH PADRE ISLAND DR. SUITE 1-1 CORPUS CHRISTI, TX 78411</p>	
2.13	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>NURSING FACILITY CONTRACT AGREEMENT DATED 05/12/13 FOR PROVISION OF HOSPICE SERVICES.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ANGEL BRIGHT HOSPICE INC. 3213 HOLLY ROAD CORPUS CHRISTI, TX 78415</p>	
2.14	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>ENGAGEMENT LETTER DATED 02/01/19 A PROFESSIONAL SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ANKURA CONSULTING 15950 DALLAS PKWY SUITE 750 DALLAS, TX 75248</p>	
2.15	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>INVOICE DATED 12/19/18 FOR INTERNET SERVICES.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AT&amp;T 208 S. AKARD ST. DALLAS, TX 75202</p>	
2.16	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>CLIENT SERVICE AGREEMENT DATED 11/07/14 A CLIENT SERVICE AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUREON 7760 OFFICE PLAZA DR. S. WEST DES MOINES, IA 50266</p>	

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.17	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>SOFTWARE CONTRACT DATED 12/08/17 A SOFTWARE AND SERVICES PRODUCT PRICING SUMMARY.</p>	<p>BLACKBOARD INC. 1111 19TH ST. NW WASHINGTON, DC 20006</p>
2.18	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>BUSINESS ASSOCIATE AGREEMENT DATED 05/06/16 BUSINESS ASSOCIATE AGREEMENT.</p>	<p>CANNON &amp; ASSOCIATES, LLC 7723 FORSYTH BLVD SUITE 1700 ST. LOUIS, MO 63105</p>
2.19	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>SERVICE AGREEMENT DATED 04/05/11 A BUNDLING SERVICE, INCLUDING UNLIMITED CALLING AND INTERNET SERVICE.</p>	<p>CENTURYTEL ACQUISITION 100 CENTURYLINK DR. MONROE, LA 71203</p>
2.20	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AGREEMENT DATED 07/23/13 FOR PROVISION OF COMPREHENSIVE HOSPICE SERVICES.</p>	<p>CHRISTUS CONTINUING CARE 4241 WOODCOCK DRIVE SUITE A-100 SAN ANTONIO, TX 78228</p>
2.21	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>POST-ACUTE CARE PROVIDER AFFILIATE AGREEMENT DATED 02/09/18 A POST-ACUTE CARE AGREEMENT.</p>	<p>CHRISTUS HEALTH QUALITY CARE ALLIANCE 919 HIDDEN RIDGE 4TH FLOOR IRVING, TX 78035</p>
2.22	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PATIENT TRANSFER AGREEMENT DATED 07/06/11 PATIENT TRANSFER AGREEMENT.</p>	<p>CHRISTUS SPOHN HEALTH SYSTEM CORPORATION 1702 SANTA FE CORPUS CHRISTI, TX 78404</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.23	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>ADDENDUM TO MEMORANDUM OF UNDERSTANDING DATED 07/18/17 TO UPDATE DESIGNATED LIAISONS TO MEOMORANDUM OF UNDERSTANDING.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CITY OF CORPUS CHRISTI, SPONSER OF THE SENIOR COMPANION PROGRAM 1609 N CHAPPARRAL CORPUS CHRISTI, TX 78401</p>	
2.24	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PREVENTATIVE MAINTENANCE AGREEMENT DATED 08/11/16 FOOD SERVICE EQUIPMENT REPAIR AND MAINTENANCE SERVICES.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>COMMERCIAL FOODSERVICE REPAIR, INC. 11101 CUTTEN ROAD UNIT 106 HOUSTON, TX 77066</p>	
2.25	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>COMPREHENSIVE SERVICES RELATIONSHIP MEMO DATED 08/01/11 A COMPREHENSIVE SERVICES RELATIONSHIP MEMO.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CONCENTRA 5080 SPECTRUM DRIVE 1200 WEST ADDISON, TX 75001</p>	
2.26	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>ORDER FORM DATED 09/26/18 ORDER FORM.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CONCUR TECHNOLOGIES, INC. 601 108 AVENUE NE SUITE 1000 BELLEVUE, WA 98004</p>	
2.27	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>MEMORANDUM OF UNDERSTANDING DATED 10/18/16 MEMORANDUM OF UNDERSTANDING TO ESTABLISH AFFILIATION WITH THE SCHOOL DISTRICT FOR THE EDUCATION AND TRAINING OF STUDENTS PARTICIPATING IN ITS PROGRAM.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CORPUS CHRISIT ISD PO BOX 110 CORPUS CHRISTI, TX 78403</p>	
2.28	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>HOSPICE AND NURSING FACILITY SERVICES AGREEMENT DATED 05/13/15 A HOSPICE AND NURSING FACILITY SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CORPUS CHRISTI HOSPICE 5262 S. STAPLES SUITE 215 CORPUS CHRISTI, TX 78411</p>	

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.29	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>CLINICAL (MEDICAL) RECORD CONSULTING CONTRACT DATED 08/04/11 A CLINICAL MEDICAL RECORD CONSULTING CONTRACT</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>COURTNEY EBNER, RHIA N/A N/A N/A, N/A</p>	
2.30	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>LETTER OF PARTICIPATION DATED 04/27/15 FOR EMERGENCY BOTTLED WATER SUPPLY.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>CULLIGAN WATER CONDITIONING 110 N. STAPLES ST. CORPUS CHRISTI, TX 78401</p>	
2.31	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PSYCHOLOGICAL SERVICES AGREEMENT DATED 06/08/15 FOR A FULL RANGE OF PSYCHOLOGICAL SERVICES.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>DEER OAKS CONSULTATION SERVICES 126 E. MAIN PLAZA SAN ANTONIO, TX 78205</p>	
2.32	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>SCHOOL AFFILIATION AGREEMENT DATED 01/22/13 SCHOOL AFFILIATION AGREEMENT, WHICH PROVIDES CLINICAL LEARNING TO STUDENTS IN PATIENT-CENTERED HEALTH CARE FACILITY.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>DEL MAR COLLEGE WEST CAMPUS - 101 BALDWIN CORPUS CHRISTI, TX 78404</p>	
2.33	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>CONTRACTUAL AGREEMENT DATED 10/11/12 AGREEMENT FOR OTOLARYNGOLOGICAL EVALUATIONS.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>EAR, NOSE, AND THROAT ASSOCIATES OF CORPUS CHRISTI 3318 SOUTH ALAMEDA STREET CORPUS CHRISTI, TX 78411</p>	
2.34	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PEST ELIMINATION SERVICES AGREEMENT DATED 09/13/11 PEST ELIMINATION SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ECOLAB 1 ECOLAB PLACE ST. PAUL, MN 55102</p>	

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.35	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>COSMETOLOGY SERVICE AGREEMENT DATED 06/20/11 A COSMETOLOGY SERVICE AGREEMENT.</p>	<p>ELAN SALON GROUP 3500 SNOUFFER ROAD 100 COLUMBUS, OH 43235</p>
2.36	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>TECHNOLOGY SERVICES SUBSCRIPTION AGREEMENT DATED 10/18/17 SUBSCRIPTION AGREEMENT.</p>	<p>ENQUIRE SOLUTIONS, LLC 6400 S. FIDDLERS GREEN CIR 8TH FLOOR GREENWOOD VILLAGE, CO 80111</p>
2.37	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>HOSPICE SERVICE AGREEMENT DATED 09/06/17 A HOSPICE SERVICE AGREEMENT.</p>	<p>FAMILIA HEALTHCARE SERVICES, INC. 9888 BISSENETT ST. SUITE 450-E HOUSTON, TX 77036</p>
2.38	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>DIALYSIS COMPLIANCE AGREEMENT DATED 11/05/11 A DIALYSIS COMPLIANCE AGREEMENT.</p>	<p>FRESENIUS MEDICAL CARE 6017 PARKWAY DR. CORPUS CHRISTI, TX 78414</p>
2.39	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MASTERCARD APPLICATION DATED 01/30/18 CARD APPLICATION.</p>	<p>FUELMAN ADVANTAGE PLATINUM MASTERCARD 5 SAND ISLAND ACCESS RD HONOLULU, HI 96819</p>
2.40	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>HOSPICE SERVICE AGREEMENT DATED 04/29/13 A HOSPICE SERVICE AGREEMENT.</p>	<p>HARBOR HOSPICE OF CORPUS CHRISTI, L.P. 4659 EVERHART RD. SUITE 212 CORPUS CHRISTI, TX 78414</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.41	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>THERAPY SERVICES AGREEMENT DATED 01/01/18 FOR PROVISION OF PROVIDING PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY SERVICES.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>HEALTHPRO HERITAGE LLC 307 INTERNATIONAL CIRCLE SUITE 100 HUNT VALLEY, MD 21030</p>	
2.42	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>DENTAL SERVICES AGREEMENT DATED 11/17/11 A DENTAL SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>IN HOME DENTAL CARE, PLLC PO BOX 271940 CORPUS CHRISTI, TX 78427</p>	
2.43	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>NURSING HOME DIALYSIS TRANSFER AGREEMENT DATED 03/04/13 A NURSING HOME DIALYSIS TRANSFER AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ISD RENAL, INC. 1220 SILOAM ROAD GREENSBORO, GA 30642</p>	
2.44	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PERSONAL TRAINING AGREEMENT DATED 02/02/16 PERSONAL TRAINING AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>JAMES MORALES N/A N/A N/A, N/A</p>	
2.45	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PROFESSIONAL SERVICES AGREEMENT DATED 08/11/17 PROFESSIONAL SERVICES AGREEMENT TO MANAGE, ARRANGE FOR THE PROVISION AND SCHEDULING OF NURSE PRACTITIONERS.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>KAREFIRST MANAGEMENT CORPORATION 4711 GOLF RD. SUITE 1250 SHOKIE, IL 60076</p>	
2.46	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>MEMORANDUM OF AGREEMENT DATED 11/10/15 DEFINES ADMINISTRATIVE RELATIONSHIP BETWEEN PARTIES, WITH RESPECT TO THEIR EXCHANGE OF DATA AND INFORMATION.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>KEPRO 5700 LOMBARDO CENTER DR. SUITE 100 SEVEN HILLS, OH 44131</p>	

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.47	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>ENGAGEMENT LETTER DATED 10/29/18 A PROFESSIONAL SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LARX ADVISORS, INC. 2600 NETWORK BOULEVARD SUITE 290 FRISCO, TEXAS 75034</p>	
2.48	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>NURSING FACILITY SERVICES AGREEMENT DATED 08/27/12 A NURSING FACILITY SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LIGHTHOUSE HOSPICE 210 S. CARANCAHUA SUITE 301 CORPUS CHRISTI, TX 78401</p>	
2.49	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>SERVICE AGREEMENT DATED 10/12/11 REGULATED MEDICAL WASTE SERVICE AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LONE STAR MEDWASTE 1970 W EXPRESSWAY 83 MERCEDES, TX 78570</p>	
2.50	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>AGREEMENT FOR NETWORK AFFILIATION AND NETWORK SERVICES DATED 09/14/16 DEFINES ADMINISTRATIVE RELATIONSHIP BETWEEN PARTIES, WITH RESPECT TO THEIR EXCHANGE OF DATA AND INFORMATION.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MANAGEMENT AND NETWORK SERVICES, LLC 4892 BLAZER PARKWAY DUBLIN, OH 43017</p>	
2.51	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>SOFTWARE LICENSE AND SERVICES AGREEMENT DATED 08/20/13 A SOFTWARE LICENSE AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MATRIXCARE, INC. 10900 HAMPSHIRE AVE S SUITE 100 BLOOMINGTON, MN 55438</p>	
2.52	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PHARMACEUTICAL SERVICES AGREEMENT DATED 08/15/11 PHARMACEUTICAL SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MEDICINE CHEST PHARMACY 411 MAIN ST. SULPHUR SPRINGS, TX 75482</p>	

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.53	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>MEDLINE HEALTHCARE CORPORATE SALES SUPPLY AND PROGRAM AGREEMENT DATED 09/25/14 FOR SUPPLY OF MEDICAL-SURGICAL, DURABLE MEDICAL, TEXTILE, WOUND CARE AND OTHER MEDICAL SUPPLY PRODUCTS FOR ACUTE CARE AND LONG-TERM CARE.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MEDLINE INDUSTRIES HOLDINGS LP ONE MEDLINE INDUSTRIES, INC. MUNDELEIN, IL 60060</p>	
2.54	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>AGREEMENT DATED 08/18/14 AGREEMENT TO PROVIDE COMPREHENSIVE HOSPICE SERVICES.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MERIDA HEALTH CARE GROUP (HOSPICE) 4444 CORONA DR. STE. 212 CORPUS CHRISTI, TX 78411</p>	
2.55	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>NURSING FACILITY AGREEMENT DATED 07/04/11 A NURSING FACILITY AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>NEW CENTURY HOSPICE OF CORPUS CHRISTI 4550 CORONA DR. CORPUS CHRISTI, TX 78411</p>	
2.56	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>HOSPICE AND NURSING FACILITY SERVICES AGREEMENT DATED 12/18/13 A HOSPICE AND NURSING FACILITY SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>NEW CENTURY HOSPICE OF SOUTH TEXAS 717 N. HARWOOD ST. SUITE 570 DALLAS, TX 75201</p>	
2.57	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>MEMBERSHIP AGREEMENT DATED 09/06/18 MEMBERSHIP AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>NRC HEALTH 1245 Q. ST. LINCOLN, NE 68508</p>	
2.58	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PHARMACY PRODUCTS, SERVICES AND CONSULTANT AGREEMENT DATED 10/30/12 PHARMACY PRODUCTS, SERVICES AND CONSULTANT AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>OMNICARE PHARMACY OF TEXAS 5449 BEAR LANE CORPUS CHRISTI, TX 78405</p>	

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.59	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT DATED 07/03/17 A COLLECTIONS AGREEMENT.</p>	<p>OPTIO SOLUTIONS 1444 N. MCDOWELL BLVD PETALUMA, CA 94954</p>
2.60	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MAINTENANCE AGREEMENT DATED 02/28/17 A MAINTENANCE AGREEMENT.</p>	<p>POWER PRO-TECH SERVICES 377 MAITLAND AVE. SUITE 1010 ALTAMONTE SPRINGS, FL 32701</p>
2.61	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FACILITY SERVICE AGREEMENT DATED 04/25/14 PODIATRIST SERVICES.</p>	<p>PREFERRED PODIATRY GROUP 2322 MORGAN AVE. CORPUS CHRISTI, TX 78405</p>
2.62	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MOBILE MODIFIED BARIUM SWALLOW STUDY SERVICE AGREEMENT DATED 01/06/12 AGREEMENT FOR PROVIDING MOBILE VIDEOFLUOROSWCOPIC SERVICES.</p>	<p>PROFESSIONAL IMAGING, PPLC 523 NORTH SAM HOUSTON PARKWAY EAST SUITE #125 HOUSTON, TX 77060</p>
2.63	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUBSCRIPTION AGREEMENT DATED 02/07/14 SUBSCRIPTION AGREEMENT FOR ABAQIS QUALITY MANAGEMENT SYSTEM. IT GOVERNS THE TERMS UPON WHICH PROVIDIGM WILL PROVIDE ACCESS TO THE ABAQIS SOFTWARE PLATFORM.</p>	<p>PROVIDIGM, LLC DEPT CH 19808 PALATINE, IL 60055</p>
2.64	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CUSTODIAL HOME CARE AGREEMENT DATED 06/23/11 A CUSTODIAL HOME CARE AGREEMENT.</p>	<p>R&amp;R FACTOR, INC. 5151 FLYNN PARKWAY SUITE 307 CORPUS CHRISTI, TX 78411</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.65	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENCY AGREEMENT NOTICE LETTER DATED 01/08/18 CORRESPONDENCE ABOUT EXISTING ESCROW AGREEMENT.</p>	<p>REGIONS BANK 1717 ST. JAMES PL. STE. 500 HOUSTON, TX 77056</p>
2.66	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>REHABILITATION THERAPY SERVICES AGREEMENT DATED 03/25/11 REHABILITATION THERAPY SERVICES AGREEMENT FOR PROVISION OF SPEECH-LANGUAGE, PHYSICAL THERAPY AND OCCUPATIONAL THERAPY SERVICES.</p>	<p>REHABCARE GROUP EAST INC. 7733 FORSYTH STE. 2300 ST. LOUIS, MO 63105</p>
2.67	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ELECTRICITY SALES AGREEMENT DATED 01/01/19 ELECTRICITY SALES AGREEMENT.</p>	<p>RELIANT ENERGY RETAIL SERVICES LLC 1201 FANNIN ST HOUSTON, TX 77002</p>
2.68	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MASTER SERVICES AGREEMENT DATED 10/01/17 SUBSCRIPTION AGREEMENT.</p>	<p>RELIAS LEARNING COMPANY 111 CORNING ROAD SUITE 250 CARY, NC 27518</p>
2.69	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PEST CONTROL SERVICE AGREEMENT DATED 09/13/17 FOR ON SITE PEST MANAGEMENT.</p>	<p>RENTOKIL STERITECH 12100 CROWNPOINT DRIVE SUITE 115 SAN ANTONIO, TX 78233</p>
2.70	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 05/16/17 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1000 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.71	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>RESIDENT AGREEMENT DATED 06/13/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT 1018 ADDRESS REDACTED</p>
2.72	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>RESIDENT AGREEMENT DATED 06/08/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT 1039 ADDRESS REDACTED</p>
2.73	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>RESIDENT AGREEMENT DATED 03/31/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT 106 ADDRESS REDACTED</p>
2.74	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>RESIDENT AGREEMENT DATED 10/03/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT 1064 ADDRESS REDACTED</p>
2.75	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>RESIDENT AGREEMENT DATED 02/21/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT 1067 ADDRESS REDACTED</p>
2.76	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>RESIDENT AGREEMENT DATED 10/31/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT 1077 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.77	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/06/17 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1086 ADDRESS REDACTED</p>
2.78	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1089 ADDRESS REDACTED</p>
2.79	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/08/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1093 ADDRESS REDACTED</p>
2.80	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/07/17 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1121 ADDRESS REDACTED</p>
2.81	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 11/25/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1123 ADDRESS REDACTED</p>
2.82	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/16/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1128 ADDRESS REDACTED</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.83	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/04/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 113 ADDRESS REDACTED</p>
2.84	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/06/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1136 ADDRESS REDACTED</p>
2.85	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/16/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1143 ADDRESS REDACTED</p>
2.86	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/06/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 116 ADDRESS REDACTED</p>
2.87	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1183 ADDRESS REDACTED</p>
2.88	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/05/13 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1194 ADDRESS REDACTED</p>

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.89	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 09/18/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 121 ADDRESS REDACTED</p>
2.90	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/16/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1234 ADDRESS REDACTED</p>
2.91	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 01/19/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1248 ADDRESS REDACTED</p>
2.92	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1269 ADDRESS REDACTED</p>
2.93	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/29/13 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1270 ADDRESS REDACTED</p>
2.94	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/25/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1277 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.95	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1278 ADDRESS REDACTED</p>
2.96	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/17/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1283 ADDRESS REDACTED</p>
2.97	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/15/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1300 ADDRESS REDACTED</p>
2.98	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/31/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1304 ADDRESS REDACTED</p>
2.99	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/07/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1314 ADDRESS REDACTED</p>
2.100	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1315 ADDRESS REDACTED</p>

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.101	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/19/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1317 ADDRESS REDACTED</p>
2.102	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/21/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1331 ADDRESS REDACTED</p>
2.103	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/21/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 134 ADDRESS REDACTED</p>
2.104	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/20/13 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1341 ADDRESS REDACTED</p>
2.105	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 08/31/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1346 ADDRESS REDACTED</p>
2.106	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/17/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1353 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.107	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/30/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1357 ADDRESS REDACTED</p>
2.108	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/04/17 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1360 ADDRESS REDACTED</p>
2.109	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 01/12/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1363 ADDRESS REDACTED</p>
2.110	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/07/16 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1367 ADDRESS REDACTED</p>
2.111	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 01/26/16 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1373 ADDRESS REDACTED</p>
2.112	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 11/20/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1374 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.113	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/28/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 138 ADDRESS REDACTED</p>
2.114	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/31/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1382 ADDRESS REDACTED</p>
2.115	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 09/29/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 139 ADDRESS REDACTED</p>
2.116	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 08/22/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1395 ADDRESS REDACTED</p>
2.117	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/29/16 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 141 ADDRESS REDACTED</p>
2.118	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/10/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1411 ADDRESS REDACTED</p>

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.119	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/29/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1415 ADDRESS REDACTED</p>
2.120	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/23/16 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1420 ADDRESS REDACTED</p>
2.121	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1478 ADDRESS REDACTED</p>
2.122	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/15/13 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 148 ADDRESS REDACTED</p>
2.123	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 10/11/17 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1487 ADDRESS REDACTED</p>
2.124	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/22/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1490 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.125	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/22/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1498 ADDRESS REDACTED</p>
2.126	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/31/13 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 150 ADDRESS REDACTED</p>
2.127	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/25/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 151 ADDRESS REDACTED</p>
2.128	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/28/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1539 ADDRESS REDACTED</p>
2.129	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/30/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1542 ADDRESS REDACTED</p>
2.130	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/06/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1557 ADDRESS REDACTED</p>

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.131	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/29/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 1559 ADDRESS REDACTED</p>
2.132	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/24/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 158 ADDRESS REDACTED</p>
2.133	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 11/12/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 173 ADDRESS REDACTED</p>
2.134	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 08/31/16 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 189 ADDRESS REDACTED</p>
2.135	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/15/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 200 ADDRESS REDACTED</p>
2.136	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/24/18 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 219 ADDRESS REDACTED</p>

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.137	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/13/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 244 ADDRESS REDACTED</p>
2.138	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/01/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 247 ADDRESS REDACTED</p>
2.139	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 04/20/18 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 253 ADDRESS REDACTED</p>
2.140	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/11/17 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 271 ADDRESS REDACTED</p>
2.141	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/26/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 288 ADDRESS REDACTED</p>
2.142	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/31/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 302 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.143	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/20/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 304 ADDRESS REDACTED</p>
2.144	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 10/28/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 316 ADDRESS REDACTED</p>
2.145	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 08/12/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 325 ADDRESS REDACTED</p>
2.146	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/05/13 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 34 ADDRESS REDACTED</p>
2.147	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/28/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 37 ADDRESS REDACTED</p>
2.148	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 11/13/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 410 ADDRESS REDACTED</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.149	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 04/17/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 43 ADDRESS REDACTED</p>
2.150	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 451 ADDRESS REDACTED</p>
2.151	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/29/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 474 ADDRESS REDACTED</p>
2.152	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 12/27/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 475 ADDRESS REDACTED</p>
2.153	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 484 ADDRESS REDACTED</p>
2.154	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 07/11/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 487 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.155	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/29/12 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 55 ADDRESS REDACTED</p>
2.156	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 552 ADDRESS REDACTED</p>
2.157	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 558 ADDRESS REDACTED</p>
2.158	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/28/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 561 ADDRESS REDACTED</p>
2.159	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/26/16 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 568 ADDRESS REDACTED</p>
2.160	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/06/14 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 571 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.161	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 02/22/17 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 639 ADDRESS REDACTED</p>
2.162	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 08/29/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 649 ADDRESS REDACTED</p>
2.163	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/22/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 664 ADDRESS REDACTED</p>
2.164	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED NOT STATED OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 665 ADDRESS REDACTED</p>
2.165	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 09/30/15 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 673 ADDRESS REDACTED</p>
2.166	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 03/29/13 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 70 ADDRESS REDACTED</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.167	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESIDENT AGREEMENT DATED 06/16/11 OCCUPANCY AGREEMENT AND FINANCIAL OBLIGATIONS WITH DEBTOR.</p>	<p>RESIDENT 724 ADDRESS REDACTED</p>
2.168	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>RESPIRATORY CARE SERVICES AGREEMENT DATED 05/21/15 FOR PURCHASE OF RESPIRATORY CARE SERVICES.</p>	<p>RESPIRATORY HEALTH SERVICES 101 EAST STATE ST. KENNETT SQUARE, PA 19348</p>
2.169	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LANDSCAPE MAINTENANCE CONTRACT DATED 07/08/11 LANDSCAPE MAINTENANCE CONTRACT.</p>	<p>ROGER'S GARDENS LLC 10116 SOUTH PADRE ISLAND DRIVE #2 CORPUS CHRISTI, TX 78418</p>
2.170	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MASTER SECURITY SERVICES AGREEMENT DATED 06/02/17 SECURITY SERVICES AGREEMENT.</p>	<p>SECURITAS SECURITY SERVICES USA, INC. 12801 NORTH CENTRAL EXPRESSWAY SUITE 1200 DALLAS, TX 75243</p>
2.171	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MASTER MANAGEMENT SERVICES AGREEMENT DATED 09/07/17 MASTER SERVICES AGREEMENT.</p>	<p>SENIORITY, INC. 15601 DALLAS PARKWAY SUITE 200 ADDISON, TX 75001</p>
2.172	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>SERVICE SOLUTION DATED 07/19/11 A SERVICE SOLUTION AGREEMENT.</p>	<p>SIMPLEXGRINNELL LP 1070 ANON CIRCLE SUITE 102 SAN ANTONIO, TX 78216</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.173	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUBSCRIPTION AGREEMENT DATED 05/04/18</p> <p>SUBSCRIPTION SERVICE.</p>	<p>SMARTSHEET</p> <p>10500 NE 8TH ST.</p> <p>SUITE 1300</p> <p>BELLEVUE, WA 98004</p>
2.174	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LABORATORY RESULT AGREEMENT DATED 08/07/14</p> <p>LABORATORY RESULT AGREEMENT.</p>	<p>SOUTH TEXAS CLINICAL LABORATORY</p> <p>418 SOUTH 6TH ST</p> <p>KINGSVILLE, TX 78363</p>
2.175	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PREVENTATIVE MAINTENANCE AGREEMENT DATED 07/20/11</p> <p>A PREVENTATIVE MAINTENANCE AGREEMENT.</p>	<p>STEWART &amp; STEVENSON LLC</p> <p>55 WAUGH DRIVE</p> <p>HOUSTON, TX 77007</p>
2.176	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DIETARY MANAGEMENT SOFTWARE DATED 11/09/11</p> <p>A DIETARY MANAGEMENT SOFTWARE AGREEMENT.</p>	<p>SUPREMECARE CORPORATION</p> <p>210 SOUTH 13TH ST</p> <p>SUITE A</p> <p>GRIFFEN, GA 30224</p>
2.177	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FOOD DISTRIBUTION AGREEMENT DATED 04/30/18</p> <p>FOOD DISTRIBUTION AGREEMENT.</p>	<p>SYSCO CORPORATION</p> <p>550 FLATO RD</p> <p># B</p> <p>CORPUS CHRISTI, TX 78405</p>
2.178	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MEDICAID CONTRACT DATED 12/29/11</p> <p>PROVISION OF THE NURSING FACILITY REQUIREMENTS FOR LENSURE AND MEDICAID CERTIFICATION (NFR/LMC)</p> <p>PUBLISHED BY TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES.</p>	<p>TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES</p> <p>701 W. 51ST ST.</p> <p>AUSTIN, TX 78751</p>

(Name)

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.179	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AGREEMENT FOR NON-EMERGENCY MEDICAL TRANSPORTATION DATED 06/01/18</p> <p>AGREEMENT FOR NON-EMERGENCY MEDICAL TRANSPORTATION.</p>	<p>TGW SUPERIOR CARE AMBULANCE 4208 CULEBRA SAN ANTONIO, TX 78228</p>
2.180	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>PRICING PROPOSAL DATED 02/28/11</p> <p>PRICING PROPOSAL.</p>	<p>THE WORXHUB 365 EVANS AVENUE #504 TORONTO, ON</p>
2.181	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ENGAGEMENT LETTER DATED 03/02/18</p> <p>A PROFESSIONAL SERVICES AGREEMENT.</p>	<p>THOMPSON &amp; KNIGHT, LLP 1722 ROUTH ST. SUITE 1500 DALLAS, TX 75201</p>
2.182	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>GOLD MAINTENANCE AGREEMENT DATED 07/21/11</p> <p>ELEVATOR MAINTENANCE AGREEMENT.</p>	<p>THYSSENKRUPP ELEVATOR CORPORATION 5449 BEAR LANE SUITE 406 CORPUS CHRISTI, TX 78405</p>
2.183	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>NONEXCLUSIVE INSTALLATION AND SERVICE AGREEMENT DATED 05/18/18</p> <p>INSTALLATION AND SERVICE AGREEMENT.</p>	<p>TIME WARNER CABLE ENTERPRISES LLC 400 ATLANTIC ST. STE. 6 STAMFORD, CT</p>
2.184	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MEMORANDUM OF AGREEMENT DATED 04/09/12</p> <p>DEFINES ADMINISTRATIVE RELATIONSHIP BETWEEN PARTIES, WITH RESPECT TO THEIR EXCHANGE OF DATA AND INFORMATION.</p>	<p>TMF HEALTH QUALITY INSTITUTE 5918 WEST COURTYARD DRIVE SUITE 300 AUSTIN, TX 78730</p>

(Name)

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.185	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>SKILLED NURSING FACILITY CONSOLIDATED BILING DATED 09/01/10 SKILLED NURSING FACILITY CONSOLIDATED BILING AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>TRAILERBLAZER HEALTH ENTERPRISES, LLC 8330 LYNDON B. JOHNSON FWY DALLAS, TX 75243</p>	
2.186	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>CLIENT SERVICE AGREEMENT DATED 11/04/16 A CLIENT SERVICE AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>UNIQUE EMPLOYMENT I, LTD. 4646 CORONA SUITE 100 CORPUS CHRISTI, TX 78411</p>	
2.187	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>WOUND CARE SERVICES AGREEMENT DATED 11/30/12 WOUND CARE SERVICES AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>VOHRA HEALTH SERVICES 3601 SW 160TH AVE SUITE 250 MIRAMAR, FL 33027</p>	
2.188	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>X-RAY AGREEMENT DATED 06/24/16 FOR PROVISION OF X-RAY SERVICES.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>X-RAY ON WHEELS INC 4929 BURNEY DR. STE. 100 CORPUS CHRISTI, TX 78411</p>	
2.189	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>SAAS SUBSCRIPTION AGREEMENT DATED 05/05/17 A SAAS SUBSCRIPTION AGREEMENT.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>YARDI SYSTEMS INC. 430 SOUTH FAIRVIEW AVE. GOLETA, CA 93117</p>	
2.190	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p>PROPOSAL FOR ZUMBRUNNEN SERVICES DATED 09/20/17 REAL ESTATE CONSULTING PROPOSAL.</p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>ZUMBRUNNEN, INC. 5881 GLENRIDGE DR. SUITE 110 ATLANTA, GA 30328</p>	

**Fill in this information to identify the case:**Debtor SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 19-20063  
(if known)☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes.

**Fill in this information to identify the case:**Debtor SQLC SENIOR LIVING CENTER AT CORPUS CHRISTI, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 19-20063  
(if known)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/15/2019  
MM / DD / YYYY

**X**/s/ LOUIS E. ROBICHAUX IV

Signature of individual signing on behalf of debtor

LOUIS E. ROBICHAUX IV

Printed name

CHIEF RESTRUCTURING OFFICER

Position or relationship to debtor